



HIPAA TRAINING ACKNOWLEDGMENT

I acknowledge that I have viewed the **"HIPAA Training"** video as part of my employment hiring process.

I understand that I must comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as presented in the video. It is my responsibility to ensure that protected health information I have access to is kept private and confidential.

I understand that failure to abide by the Society's HIPAA policies and procedures can result in corrective action up to and including termination of employment.

Print Employee's Name Here

Employee Signature

Date